



Division of Developmental Disabilities Shared Living Manual

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Philosophy of Shared Living

Shared Living is based on the importance of enduring and permanent relationships as the foundation for learning life skills, developing self-esteem and learning to exist in interdependence with others. The essential feature of the Shared Living experience provides an opportunity for each individual with a developmental disability to grow and develop to his or her greatest potential and to participate in everyday community life. Shared living also provides individualized attention based on the needs of the individual with developmental disabilities.

Shared Living is highly personalized and offers individuals a greater opportunity to choose the person(s) with whom they will live and have greater control of how they will live day-to-day.

What is Shared Living? Shared living is an arrangement in which an individual(s) with a disability chooses to live with an individual, couple, or a family in the community to share their life experiences together. A shared living home could be a single person, a college student, single parents, empty nesters or a two-parent family with children or a person could live with an individual in their home, who wants to share their life with an individual with a disability. Shared living can be provided in the individual's home (Companion Services) or in the home of the caregiver (Host Home Services)

Shared Living arrangements may not be provided by a parent, legal guardian or spouse for their child, ward or spouse.

Shared Living relies on more than rules and regulations, beyond the formal trainings and standards that the Division of DD or the administering agency puts in place. Shared Living depends on other safeguards such as:

Community Living: Being known in the community you live in, gives you a safeguard that opens up friendships and protection of community members. This allows you to have relationships past a paid support relationship. Shared living opens up a community network that can help identify issues and address the issues.

Self-Advocacy: Individuals in a life-sharing situation learn how to advocate for themselves by participating in community groups and activities that teach them how to stand up for their rights.

Person-centered planning system: Shared living gives the individual opportunities to be completely immersed in their community life and take an active role in their person centered planning process by choosing the shared living provider that matches their life style in order to safeguard their own individual needs.

Who is shared living for? Shared living is for any individual with a developmental disability that prefers to live in a family-type home or have a person live in their home to serve as a companion, who is eligible for DD services and for the Comprehensive Waiver. Shared living can be for any individual, if the correct match is found, and for whom the Person-Centered Planning team has determined this to be an appropriate living option. The unique needs of the individual will certainly influence the recruitment and match of an individual with a host home family or companion. Depending on the needs and compatibility of the individuals, up to three individuals may choose to live in the same-shared living location.

Benefits of the Shared Living Model: Shared living provides many benefits to both the individual and the shared living provider. Some of the benefits include:

- Inclusion in the community has been and continues to be a major focus of supports for people with disabilities. The Shared Living model has proven to be a good means for providing true inclusion in a person's community, if the individual is matched and well supported by the Shared Living Provider.
- Shared Living can provide both a stable support system and a higher quality of life for the person receiving services. The issue of staff people "revolving" in and out of the person's life is minimized.
- Shared Living can also provide a stable, flexible, higher quality of life for the individual shared living provider.
- This model provides the training and service quality review needed to assure the person served and the system of the highest possible quality and cost-effectiveness of the services.

Definitions

Administering Agency: Means a certified or accredited DD Provider agency to administer a program that contracts with or employs home providers and/or companions to provide care and support to an individual with developmental disabilities.

Agreement: A signed contract between the Shared living home provider/companion and the administering agency. This document is signed initially, before service implementation, and reviewed annually.

Community Event Report: A Department of Mental Health approved form identifying reportable events and timelines for reporting such events into the Event Management Tracking (EMT) system by contracted providers to the department as required by 9 CSR 10-5.206.

Companion: The person who lives with the individual in the individual's home and provides supports as determined by the Individual Support Plan.

Companion Evaluation: The comprehensive process conducted by the Administering Agency to assist the individual and family to determine the suitability and capability of an applicant to fulfill the role of the companion.

Companion Home: The setting where an individual lives in their home with a companion who supports them to remain in their home and become part of the community. Supports are provided as directed by the individual and identified in the Individual Support Plan.

Home: the residence and physical premises in which the individual and caregiver reside.

Home Inspection: The process, conducted Support Coordination or the Administering Agency staff prior to the individual moving into the home to promote the safety and wellbeing of the individual. Technical assistance may be requested from Provider Relations.

Household Member: Any person, whether or not a family member of the Home Provider or companion, who sleeps within the home full or part-time.

Home Provider (Host Home): The adult who has contracted with or is employed by the administrative agency to provide care and support to an individual in the home

Home Study (Host Home): The comprehensive process conducted by the Administering Agency, to determine the suitability and capability of an applicant(s) to fulfill the role of the Home Provider.

Host Home: The setting where an individual lives with a family in the family's home and becomes part of their family life. The Host Home provides supports as directed by the individual and identified in the Individual Support Plan.

Individual: A person who is eligible for services from the Department of Mental Health, Division of Developmental Disabilities.

Individual Support Plan: A document resulting from a person centered process directed by the individual served, with assistance as needed by a representative, in collaboration with an interdisciplinary team. It is intended to identify the strengths, preferences, needs and desired outcomes of the person served. The process may include other people freely chosen by the individual who are able to contribute to the process. The person-centered planning process enables and assists the individual to access a personalized mix of paid and non-paid services and supports, i.e., therapies and treatments, which will assist the person to achieve personally defined outcomes.

Planning Team: The core Planning Team consists of the individual receiving services, their guardian, the Support Coordinator, and agencies working with the individual. After an individual has chosen the shared living model the administering agency and subsequently the home provider/companion, become part of the planning team. The planning team may also include anyone the individual wishes to be a part of the planning process such as an advocate, other family members, friends, etc.

Shared Living Provider: A reference to the host home provider or companion supporting the individual.

Process

Upon identification that a shared living model is the service desired by the individual and approved for pursuit, the Support Coordinator will work with the Community Living Coordinator to offer a list of participating administering agencies and complete referral information. Next, the Support Coordinator will facilitate interviews between the individual and their guardian/family and administering agencies identified. This will allow the individual the initial choice of the administering agency from those available.

Administering Agencies will perform all recruitment activities, including advertising, interviewing, conducting home visits and reference and background checks. Background checks are to be performed on any house member 18 years old or older. The agency maintains records that each host home provider/companion meets criteria to be a host home provider/companion. The administering agency is to make a thorough evaluation of each prospective host home provider/companion. The evaluation is to be documented in the home study report for host homes and in the companion evaluation for companion homes. These documents should be updated as changes in the required home study/companion evaluation information occur. See Appendix A (Host Home) and Appendix B (Companion Home).

The Support Coordinator will participate as a team member that coordinates with administering agencies to find a host home provider/companion that is a match with the individual's specifications for a home. Administering agencies consult with the support coordinators on possible matches and this information is shared with the person seeking a shared living match. The support coordinator informs the individual and/or guardian about the possible matches identified.

Once a potential match has been identified, the team, under the coordination of the support coordinator, arranges for a visit or interview to occur, during which the administering agency host home provider, companion and individual to be served further explore the potential for a permanent match.

Areas to focus on during the matching process for both the host home provider/companion and the individual seeking placement:

- Lifestyle
- Personal preferences (i.e.: Sexual orientation)
- Cultural and religious values
- Family and friend involvement
- Compatibility with animals and children (if applicable)
- Smoking preference
- During the interview process, it is important to take time in the beginning to discuss support needs and lifestyle choices in depth. This will create a successful match and less disruption in the individual's life.

Once a match between an individual and a host home provider/companion is identified, the administering agency, support coordinator, and individual and guardian arrange a transition plan to the home. The transition plan is developed prior to a permanent move. The agreement between the administering agency and the host home provider/companion must be completed prior to the move. The support coordinator facilitates this meeting and authors the Individual Support Plan, making any necessary changes, modifications, or adding any miscellaneous items needed to successfully transition the individual into the new living arrangement. This process is adjusted to reflect the needs of the individual, and therefore varies from person to person as far as number of visits, overnight stays, or other considerations prior to a permanent transition.

If the individual has chosen a companion model, additional factors need to be considered

- A home is located (if not already established) for the individual
- If a home needs to be located, be mindful that the home should meet the specific needs of the individual for aging in place.
- Ensure the home meets the needs for the individual with the knowledge that more than one bedroom will be needed to allow the companion to have his/her own bedroom.
- The ownership and/or control over the home are the individuals.
- The individual and/or legal guardian must be listed on the lease/mortgage. The agency and/or the companion cannot be listed on the lease/mortgage.

Before a permanent home can be established the host home provider/companion must have completed all training requirements as outlined on page 8, the home must have been inspected and approved, the budget established, and signed.

Once the home has been established, the Support Coordinator will monitor monthly for three months. The Support Coordinator will facilitate a follow up Planning Team meeting to be held no sooner than after two months and no later than after three months to evaluate the individual's satisfaction with their home and adjust the plan as needed.

Section 1: Role of the Administering Agency

Administering agencies approve qualified applicants to be host home providers/companions, perform all recruitment activities, assist with matching individuals to host home providers/companions, provide quality assurance reviews, consultation, provide training and billing on behalf host home providers/companions.

After a host home provider/companion has been recruited, the administering agency is responsible for the items listed in section 2 of this manual.

A. Host Home Study/Companion Evaluation

The administering agency is to make a thorough evaluation of each prospective host home provider and companion. The evaluation is to be documented in the study report for host homes and in the companion evaluation for companion homes. This should be updated as changes in the information occur, and include at a minimum, the information outlined in Appendix A for Host Home and Appendix B for Companion Home.

B. Quality Assurance

Conduct quality assurance activities as follows:

- a. Maintain regular contact with the Shared Living provider.
- b. Assure the Shared Living provider completes detailed documentation, as required by Mo Healthnet and 13 CSR 70 – 3.030. Documentation may be maintained either at the host home/companion home or at the Administering Agency offices, but must be available for auditing purposes.
- c. Have a signed copy of the current Individual Support Plan.
- d. Conduct home visits as specified in the Individual Support Plan to assure compliance with Health and Safety Codes, appropriate documentation (progress notes and medication administration reports) and general requirements for an appropriate home environment. At a minimum, the Administering Agency must do a home visit every month. The agency must share a copy of the home visit tool report with the support coordinator.
- e. Ensure home is maintained in accordance with health and safety guidelines. For Host Homes, the administering agency can terminate the agreement with the home provider if the repairs or modifications are not completed to satisfaction. Notify the Support Coordinator 30 days prior to a move so that an inspection of the new location can be completed. No moves should take place without prior inspection/approval. For Companion Homes, terminating the agreement with a companion does not necessitate a move for the individual served. A different companion would need to be identified, but the individual does not have to move.
- f. Document all quality assurance activities, including home visits, phone consultations and recommendations and have available upon request.
- g. Complete monthly reviews with progress on outcomes and goals of the individual.
- h. Receive and review Community Event Reports on medication errors and reportable events. Then forward the CERs to the Regional Office per 9 CSR 10-5.200 and 9 CSR 10-5.206
- i. Report to TCM entity any issues with medication administration, documentation or any other significant issues affecting ongoing certification.

- j. Make recommendations to the host home provider/companion regarding appropriate record keeping and individual care.
- k. Report to support coordinator changes in household members or legal status of household members.
- l. Complete Family Care Safety Registry background screening on all existing and new household members 18 years old and older or members who have turned 18.
- m. Provide Professional support – provide general consultation to home, facilitate access to any needed additional training and assist with emergency backup when needed.
- n. Provide trainings that are required by DMH contract as well as Licensure and Certification and other areas that the Administering agency feels are appropriate.
- o. Required Training:
 - Preventing, detecting, and reporting of abuse/neglect, prior to providing direct care, and shall repeat the training every two (2) years.
 - Competency based CPR and First Aid course
 - Medication Administration training, if individual takes medication
 - Training on the current Individual Support Plan
 - Confidentiality
 - Agency policies and procedures
 - Emergency Intervention, if indicated in the Individual Support Plan
 - Person Centered Strategies
 - Person Centered Planning

C. Billing

The administering agency will provide billing services for the host home provider and companion. The host home provider and companion must keep a daily census that the individual is in the home and provide that information to the Administering agency. Then the administering agency will complete the billing in CIMOR.

D. Partner with the Support Coordinator

Collaborate with the Support Coordinator to share information and coordinate activities such as home visits. Share any individual- or home-related concerns with Support Coordinator. Partner with other Person-Centered Planning Team members to ensure the safety and well-being for the individual.

E. Medication Management System

The administering agency is responsible for developing a Medication management system and training shared living provider homes on the system. The Shared living provider home is not required to keep a daily Medication administration record but they must follow the administering agencies medication system.

F. Transition

The administering agency shall assist in the transition for an individual moving into or out of a Host home provider and/or the transition of a companion moving in with the individual. Participate in the pre- and post transition meeting once a shared living home has been identified.

Section 2: Role of the Shared Living Host Home Provider and Companion

A host home provider and companion have many responsibilities and play a pivotal role in the life of the individual sharing his/her life and home as well as the individual's family. The following is a summary of that role. The host home provider and companion:

- Provides care on a 24-hour-a-day basis.
- Maintains a clean, healthy living environment, in accordance with the Environmental and Safety Standards and any necessary individual-specific environmental or safety standards. Individuals supported should be involved in this to the extent that it is possible.
- Assists in transition/move-in plans and move-out plans.
- Participates as part of the Person-Centered Planning Team as well as the Individual Support Plan meeting.
- Attends to the individual's physical health and emotional well-being.
- Includes the individual in family and community life, assisting that person to develop healthy friendships and community activities.
- Provides community access to services and activities desired by the individual, including religious affiliation (if desired), physical activities, shopping, volunteering, etc.
- Attends all training as required by Division of DD, the Person-Centered Planning team and/or the Administering Agency.
- Maintains professional detailed documentation/progress notes of the services provided to the individual as stated in 13 CSR 70 – 3.030. This includes progress toward the goals and activities identified in the Individual Support Plan.
- Must follow the administering agency's medication system policy for documentation of all medication administered to the individual.
- Provides nutritious meals and snacks.
- Provides for transportation to appointments, activities and employment as identified in the Individual Support Plan. There may be circumstances in which the individual may be transported by other funding options.
- Reports any reportable events to the administering agency on a Community Event Report form.
- Host Home provider maintains homeowners or renter's insurance at all times. In the Companion Home, this is the responsibility of the administering agency and not the companion.
- Maintains a properly registered, inspected, insured and maintained vehicle.
- Protects the confidentiality of all individual-related documents and information.
- Maintains open communication with the Support Coordinator, administering agency and Person-Centered Planning Team.
- Annually enters into a contract for professional support with the administering agency. See Appendix E.
- Reports to the administering agency any changes in household members or legal status of household members.
- Works with administering agency's policy/process on a relief schedule for the individual.

Section 3: Role of the Support Coordinator

support coordinators perform important functions in the following areas: Referral, Matching, Transition, Post Placement follow-up, Ongoing Checks and Quality Assurance, as well as assuring the development of the Individual Support Plan.

- **Referral:** The support coordinator is responsible for assuring that shared living is identified as a needed service in an individual's Individual Support Plan. After meeting with the individual's team, a thumbnail sketch is developed, describing in a paragraph the needs identified relative to the individual wishing to live in a shared living home, and any unique wishes or requests (such as geographic location, interests, etc.). This request for proposal is sent to all administering agencies for review for possible matches.
- **Matching:** The support coordinator will participate as a team member that coordinates with administering agencies to find a host home provider/companion that is a match with the individual's specifications for a home.
- **Budget development:** The support coordinator will ensure that there is a current Support Intensity Scale or Vineland completed and a current Individual Support Plan identifying specific needs that will assist with budget development.
- **Transition:** The support coordinator is responsible to facilitate a transition meeting and plan for successful transition into the new living arrangement.
- **Follow-up:** The support coordinator assures the transition plan is implemented in collaboration with the administering agency, host home provider or companion, and the individual and guardian. The support coordinator conducts monthly home visits for the first three months when the individual is present in the home with the host home provider or companion. On one of these visits, the support coordinator does a review and records his/her impressions within the home. Any pertinent information from the home visit is made available to the planning team for discussion. support coordination will monitor Shared Living homes within the same parameters as Natural Homes; therefore face-to-face monitoring will be done on a quarterly basis or more frequently as needed according to Division Directive 3.020 Service Monitoring.
 - A meeting occurs after the three initial visits or sooner if indicated after an individual has moved into a shared living home. The support coordinator facilitates the meeting and discusses the results of the two visits. The entire team assesses the transition plan and makes necessary recommendations.
 - If an individual is transitioning out of a Habilitation Center into a Shared Living home, then Division Directive 4.270 Community Transition Process shall be followed for the monitoring process.
- **On-going Review and Quality Assurance:** Service monitoring process; it is the responsibility of the support coordinator to assure that the individual's Individual Support Plan, including health and safety issues, goals and objectives, and coordination of services, is implemented by the team. The support coordinator is focused on the outcomes for the individual and works with the team to assure the Individual Support Plan is implemented. After the first three months, the support coordinator shall complete quarterly home visits (some of which are unannounced). The support coordinator shall share a copy of the service-monitoring tool with the administering agency.
- **Individual Support Plan:** support coordinators are responsible for authoring and monitoring the Individual Service Plan for persons in shared living homes. The support coordinator will assure that all services are included in the Individual Support Plan, including shared living, community supports or work supports.

- **Health Inventory:** The support coordinator will complete an HI annually and submit to the QE RN at the regional office. If the points on the HI equal a predetermined number then a Nursing Review will be completed by the QE RN from the Regional office assigned to the administering agency.
- **Home Inspection:** The support coordinator along with Provider Relations staff assists the Administering agency with the Home Inspection for each proposed shared living home.

Section 4: Role of Provider Relations

Provider relations will enroll new administrative agencies per Division Directive 5.060 Enrollment of New Providers.

Upon referral from the support coordinator, provider relations may assist with the Home Inspection for a proposed shared living home. The referral shall include the initial inspection completed by the support coordinator and a description of what discrepancy is requiring clarification from Provider Relations.

Each developmental disabilities service agency will participate in a review within a three-year cycle as outlined in Directive 4.090.

Section 5: Role of Quality Enhancement

QE will complete the quality review process which is one component of a broader effort to maintain and improve the quality of services for contracted providers. Each developmental disabilities service agency will participate in a quality review within a three-year cycle. The review process reflects agreement by all stakeholders that face-to-face interviews with individuals receiving services (including visiting individuals in their homes), agency staff and host home providers/companions are key elements for an effective quality assurance process. Off-site reviews include follow-up on critical incident reports, housing safety and accessibility reviews, and monitoring information gathered through satisfaction surveys, grievance, and appeals procedures. These quality reviews are intended to supplement the administering agency's own internal quality management processes.

Local QE will develop a quarterly and annual trend report for the administering agency that reflects trends and patterns during the state time frames.

Section 6: Home Inspection

The home inspection will be a physical review of the potential shared living home. The initial inspection will occur prior to an individual moving into the home. The administering agency will be present at the time of the inspection. This inspection will be completed in writing if approved, repairs or modifications are need, or denied. If repairs or modifications are needed, the administering agency will ensure the repairs or modifications are made in a timely manner. In Host Homes, the Administering Agency will work directly with the home provider and in Companion Homes; the Administering Agency will work with the landlord unless the individual owns his/her own home.

For host homes, the administering agency can terminate the agreement with the home provider if the repairs or modifications are not completed to satisfaction. The support coordinator should be notified 30 days prior to a move so that an inspection of the new location can be completed. No moves should take place without prior inspection/approval. For Companion Homes, terminating the agreement with a companion does not necessitate a move for the individual served. A different companion would need to be identified, but the

individual does not have to move. A move would only occur if the landlord refused to make repairs necessary for the well-being and overall safety of the individual supported or if the individual chooses to move.

Section 7: Documentation

Administering Agency must ensure that the following documentation is maintained by the host home provider/companion:

- Current signed Individual Support Plan
- Completed monthly reviews by a designated staff
- Community RN Health Summary
- Detailed documentation/progress notes reported at least monthly that the host home provider/companion completed (can be incorporated with photo albums, scrap books, journaling, etc.)
- Contact logs from phone calls and meetings with the host home provider/companion

Adequate Documentation

All services provided must be adequately documented in the medical record. The Code of State Regulations, 13 CSR 70-3.030, Section (2) (A) defines —adequate documentation and —adequate medical records as follows: Adequate documentation means documentation from which services rendered and the amount of reimbursement received by a provider can be readily discerned and verified with reasonable certainty. Adequate medical records are records, which are of the type and in a form from which symptoms, conditions, diagnoses, treatments, prognosis and the identity of the patient to which these things relate can be readily discerned and verified with reasonable certainty. All documentation must be made available at the same site at which the service was rendered, with the exception of in-home services such as personal care, home health, etc.

As per 13 CSR 70 – 3.030, the provider is required to document the provision of Division of DD Waiver services by maintaining:

- First name, and last name, and either middle initial or date of birth of the service recipient.
- An accurate, complete, and legible description of each service(s) provided. This information may be included in daily activity records that describe various covered activities (services) in which the person participated.
- Name, title, and signature of the Missouri Medicaid enrolled provider delivering the service. This may be included in attendance or census records documenting days of service, signed by the provider or designated staff; records indicating which staff provided each unit of service; and documentation of qualifications of staff to provide the service.
- Identify referring entity, when applicable.
- The date of service (month/day/year). This can be included in attendance or census records.
- Services that do not have a time factor in completing service does not require a start and stop time, but would need to have related documentation to verify the service was provided (e.g., invoices for equipment, trip reports for transportation, etc).
- The setting in which service was rendered.
- Individual Support Plan, evaluation(s), test(s), findings, results, and prescription(s) as necessary.
- Service delivery as identified in the individual's Individual Support Plan.
- Individual's progress toward the goals stated in the Individual Support Plan (progress notes). Sources of documentation include progress notes by direct care staff regarding situations (whether good or bad)

that arise affecting the individual; and monthly provider summaries noting progress on individual's goals and objectives in their Individual Support Plan, and overall status of the individual.

- For applicable programs, include invoices, trip tickets/reports, activity log sheets, employee records (excluding health records), and staff training records.
- Applicable documentation should be contained and available in the entirety of the medical record.

Section 8: Licensure and Certification

The interpretive guide and criteria for Certification principles will be used along with MO Quality Outcome reference as the tool every two years. Including program requirements, background screenings, incident reporting, etc. and will hold the administrating agency and support coordinator accountable.

Accredited administrative agencies will be reviewed as described in QE and PR review directives.

Section 9: Financial

The administering agencies will be authorized for Host Home and Companion Home funding based on a two-part calculation including SIS/Vineland score and level of supervision needed. This calculation is outlined below.

Residential service rate based on level of supervisory oversight needed:

A. Level 1: Less than 24 Hour Supervision

Assist and instruct individuals who require support to maintain a living arrangement. The individual may require support in learning only particular life skills or parts of skills. The individual can evacuate the home independently in an emergency and may have unsupervised time in the home and/or community as indicated in their ISP.

Basic SIS supplement includes provider responsibility for supports as reflected in the person's Individual Support Plan and the level of support as indicated in the Support Intensity Scale assessment.

B. Level 2: 24 Hour Supervision

Assist, instruct, and supervise individuals who require support in learning a variety of daily living skills and require 24-hour supervision to ensure their safety.

Basic SIS supplement includes provider responsibility for supports as reflected in the person's Individual Support Plan and the level of support as indicated in the Support Intensity Scale assessment.

C. Level 3: 24 Hour Comprehensive Support

Assist, instruct, and supervise individuals who, because of severe, multiple and chronic disabilities, require intensive supervision and/or a specially adapted environment and a combination of professional support services for the foreseeable future as indicated in the person's Individual Support Plan. Individuals who require on-going comprehensive support have significant needs and a combination of needs in the following areas:

Medical

Uncontrolled frequent seizures

Specialized medical and feeding methods (G-tube, Trachs)

Long-term physician prescribed interventions such as MD visits, psychiatric visits etc.

Behavioral

Chronic mental health issues
Destructive and/or self-injurious behaviors
Physical aggression
Elopement

Self Care

Full assistance needed for the following: toileting, eating, dressing, hygiene/grooming, bathing

Basic SIS supplement includes provider responsibility for supports as reflected in the person's Individual Support Plan and the level of support as indicated in the Support Intensity Scale assessment. Vineland scores for individuals under the age of 16 will be utilized to assist in rate development in place of the SIS survey.

Support Needs	SIS Index	SIS Score	Vineland ABC Score	\$ Supplement/Day
I	38-84	1-3	60-69	0
II	85-94	3-4	50-59	5
III	95-104	4-5	40-49	10
IV	105-117	5-6	30-39	15
V	118-143	6-7	20-29	20

A Shared Living Rate Determination Form (Appendix C) shall be utilized to determine the level of supervisory oversight and reviewed annually or as needed to reflect the current needs of the person. The rate structure shall be utilized to calculate a flat rate based on the three levels of care. This will help ensure the same standardized amount/process was utilized in an equitable manner for all individuals who reside in Shared Living.

For Companion Home only

All expenses in the home (rent, utilities, food etc) are split in half between the individual and the companion. The companion's portion is paid by the agency on behalf of the companion and is incorporated into the rate that the agency receives from their funding source. The individual's benefits are used to pay their portion of the home expenses.

Budgeting

For Shared Living arrangements, the following items are included on the budget:

- A. Oversight monthly flat fee of \$400 for recruitment, staff training and supervision of staff
- B. Administrative costs at 15% of daily rate for insurance, salaries, billing and business overhead costs.
- C. Community Specialist and RN support needs would not be included in the stipend or budget, but would be authorized as a separate service.
- D. Monthly rent allowance \$450 per month for Host Homes and \$510 for Companion Homes.
- E. Relief support not to exceed a cap of 269 hours/month for individuals who do not participate in any day activities and a cap of 139 hours/month for those individuals who do participate in day activities (day services, employment, school etc.) shall be added to the budget as identified in the Individual

Support Plan when medical and/or behavioral crisis justify the need to assist with staff retention and stability of the host home.

- 1) Relief Support is defined as support persons that have the required training and background screenings and provide the relief in an approved setting according to DMH standards.
- 2) This support is intended to be provided by persons outside of the immediate Shared Living home so that the Shared Living arrangement receives relief and the person's needs are supported according to their Individual Support Plan. If relief is to be provided by a member of the household, the planning team must be in agreement.
- 3) An exception to the cap may be considered by the planning team in the event of an intense crisis situation and approved by the Regional Director.

F. Urban versus Rural Rate Differential: A rate differential shall be calculated to account for the cost of doing business based on geographic location and population and according to the 2010 Missouri Census. A county will be considered urban if the population is 100,000 or above and rural if the population is under 100,000. Urban areas will receive a fifteen percent adjustment in the stipend and housing allowance for both Host and Companion Home. The following eleven counties will be considered urban.

Urban Areas: Cass, Clay, Boone, Franklin, Greene, Jackson, Jasper, Jefferson, St. Charles, St. Louis City and St. Louis County.

See Appendix D and E- Companion Home and F and G- Host Home for budget formats.

Financial record keeping is maintained by the Administering Agency. The Administering agency will develop a system in which the record keeping is maintained and accessible to the Division when requested. The administering agency shall develop policies and procedures related to the management and accountability of the individual's funds.

Any exceptions requested for budgets to exceed the Shared Living rates as identified in Appendix C, D, E and F must be recommended by the individual's planning team documenting that Shared Living is the appropriate setting to meet the individual's needs and approved by the Regional Director, Deputy Director and Assistant Director.

When an individual is hospitalized and out of their home, the administrative agency may submit a written request to the Regional Director regarding 40 percent payment for the days absent from their home. Should the individual continue to be frequently absent from their home, the individual's planning team should reconvene to review if this service model is appropriate to meet their needs.

Section 10: Agreement: Host Home and Companion Home

The administering agency and the host home provider and companion will enter into an agreement, which further outlines duties and responsibilities of each party. A sample agreement should be signed by all parties prior to accepting an individual into the host home or companion into the individual's home. See Appendix F.

Section 11: Host Home and Companion Home Comparison

<u>Host Home</u>	<u>Companion Home</u>
Individual lives with the host family	Companion lives with the individual
Administering Agency completes a Home Study	Administering Agency completes a Companion Evaluation
Termination of Host Home services will necessitate the individual moving from the home	Termination of Companion will necessitate the companion moving from the home
Host Home family is responsible to maintain homeowner's or renter's insurance	Companion is not responsible to maintain homeowner's renter's insurance
Individual pays rent to the Host Home family for his/her portion of expenses	Companion splits all expenses in half with the individual. Administering agency covers this cost.

Section 12: Website Links:

Division Directives

Service Monitoring Policy and Implementation Guidelines 3.020:

<http://dmh.mo.gov/docs/dd/directives/3020.pdf>

Community Transition Process 4.270:

<http://dmh.mo.gov/docs/dd/directives/4270.pdf>

Enrollment of New Providers 5.060:

<http://dmh.mo.gov/docs/dd/directives/5060.pdf>

Health Identification and Planning System (HIPS) Process 3.090

<http://dmh.mo.gov/docs/dd/directives/3090.pdf>

Code of State Regulations (CSR)

Reports of Complaints of Abuse, Neglect and Misuse of Funds/Property 9CSR 10-5.200

<http://www.sos.mo.gov/adrules/csr/current/9csr/9c10-5.pdf>

Report of Events 9CSR 10-5.206

<http://www.sos.mo.gov/adrules/csr/current/9csr/9c10-5.pdf>

Sanctions for False or Fraudulent Claims for Mo Healthnet Service 13CSR 70-3.030

<http://www.sos.mo.gov/adrules/csr/current/13csr/13c70-3.pdf>

Certification of Medicaid Agencies Serving Persons with DD- Shared Living 9CSR 45-5.010

<http://www.sos.mo.gov/adrules/csr/current/9csr/9c45-5.pdf>

Waiver Manual

Division of DD Waiver Manual (Draft)

<http://dmh.mo.gov/docs/dd/Draftwaivermanual.pdf>

DMH Contract

<http://dmh.mo.gov/docs/dd/POSContract.pdf>

Quality Enhancement Review 3.100

<http://dmh.mo.gov/docs/dd/directives/3100.pdf>

2010 Census Bureau County Population

<http://quickfacts.census.gov/qfd/states/29/29077.html>

Licensure and Certification Tool (website to be added when L&C manual is finalized)

APPENDIX A: Home Study - Host Home Sample Form

1. Full legal name of applicant, date of assessment, the family address and telephone number.
2. Description of the home and community, including, but are not limited to:
 - Type of home (i.e. ranch, 2 stories)
 - Rooms in the home (Include basement and attic)
 - Number of steps to the front and back door if applicable
 - Accessibility features if any
 - Sleeping arrangements for the potential placement(s)
 - Description of the neighborhood. List accessible community services and activities (Include access to hospitals/urgent care facilities, churches, schools, Physicians, YMCA etc.)
 - Public Transportation (Document distance from home to public transportation)
 - Physical Standards of the home, including:
 - a. Fire extinguishers (Note type, number and location)
 - b. Smoke and/or carbon monoxide detectors (Note functionality, number and location)

- c. Is there a swimming pool? Is it secured by fence or gate?
 - d. Is there a locked box/space (note where medications will be locked and hazardous chemicals will be kept)
 - e. Are there pets in the home? Type and how many?
- 3. A description of family members/individuals living in the home, including:
 - Date and Place of birth
 - Physical description
 - Family background and history
 - Current relationships with immediate and extended family members or other persons residing in the home
 - Educational background
 - Relationship to applicant(s)
- 4. A statement as to whether or not there are firearms kept in the home and if so, all firearms owned and in the home are unloaded, secured and locked in a cabinet with ammunition stored in a separate locked cabinet. If firearms are stored in an official gun cabinet, ammunition may also be stored in the same gun cabinet; however, the ammunition must be kept in a locked container or locked in a separate compartment of the gun cabinet.
- 5. Availability of Supervision:
 - Describe the work schedule of all members of the household
 - Support network in place for the host home provider
 - Willingness to cooperate with the contracting agency and the TCM entity
- 6. Family Dynamics:
 - Interest and Hobbies (include clubs, groups, associations etc.)
 - Personality of each member of the household
 - Interaction and relationship with neighbors
 - Examples of ways each person in household tend to interact with others in the home
 - Examples of ways each family member react to stress and coping strategies used
 - Family meal-time interaction (include what meals family eat together if applicable)
 - Family activities after work/school to bedtime
 - Description of a typical Saturday, Sunday, Holiday and vacations
 - Church or other religious relationship
 - Acceptance of an individual(s) of another culture/ethnicity. (Include response to various cultural issues i.e. religious practices, eating habits, holiday traditions)
 - Attitudes on potential individual(s) dating
 - Alcohol or drug use in the family (Include history and where alcohol is stored)
 - Anticipated adjustment of each host home provider household member to a potential individual
- 7. Experience and Expectations:
 - The motivation for Sharing living model including but not limited to attitudes towards an individual with developmental disability
 - Document the following:
 - a. Whether or not the potential host home provider worked for another provider (in or out of state)
 - b. Whether or not the potential host home provider ever been denied a DMH contract

- c. Whether or not the potential host home provider has been investigated by the DMH and the outcome of the investigation
- Knowledge of developmental disabilities, attitudes and skills
- Methods of discipline used by applicant if applicable
- Discuss training and compliance requirements (Include DMH policies and procedures, Agency Policy and Procedures)
- Attitudes towards family involvement of the potential individual
- Description of experience with working with individuals with DD, if applicable
8. A description of the type of individual desired by the prospective host home provider
9. Family Care Safety Registry check with no qualifying offenses on all individuals residing in the home age 18 or older
10. Who will be transporting the individual(s) and how would transportation be provided
11. A minimum of three (3) character references;
 - At least one reference is to be from an extended family member not residing with the prospective host home provider,

And

If any member of the potential host home provider has either served previously as a provider for another agency, and/or been employed within the past five (5) years in a job involving the care of individuals with DD, at least one reference must be from the former agency or employer. In addition, documentation must be provided if any member of the potential host home provider or family member has been terminated as a provider/agency and any adverse actions taken by DMH or another state entity.

12. Proof of homeowner's, renter's insurance or personal property insurance

Note: Insurance must be kept current.

13. Proof of potential host home provider ownership (ex. mortgage statement) or current lease
14. The home study is to be completed, signed and dated by a designated employee of the agency or professional under contract with or employed by the agency and reviewed, signed and dated by the Agency Director
15. Documentation of any recommendation regarding approval as a prospective host home provider, including description of identified training or resources needed, and that the prospective Life sharers possess the capacity to provide room, board and watchful oversight
16. Notification of Approval. Prospective host home provider will be notified in writing as to whether or not they have been approved by the agency

APPENDIX B: Companion Provider Evaluation Sample Form

The involvement of the individual supported and family in this evaluation process is critical to making a successful match. The administering agency must become familiar with the individual's supports by spending time with the individual, family and current support staff (if applicable) and by having pointed conversations regarding what is important to the individual (likes, dislikes hopes, dreams, routines, strengths, rituals, community resources, etc), what are the health and safety concerns (special feeding procedures, elopement, aggressive behaviors, etc), how to help the individual be safe and happy at home as well as the community and what type of staff would be the best fit? (personality characteristics, shared interests, etc).

The individual supported and family are a part of both the formal and informal interviewing process. During the interview process, it is important to take time in the beginning to discuss support needs and lifestyle choices in depth. This will create a successful match and less disruption in the individual's life.

When looking for a potential companion remember these things:

- What type of lifestyle does the companion have? A college student, a parent, flexible schedule with personal responsibilities?
- Determine if the potential companion could do this type of work, once the job duties and expectations are outlined.
- Have the potential companion, prior to determining a match, meet the individual and family. Have intimate discussions with the individual and companion to determine if they could make a lasting

match. It is essential that the individual and potential companion spend time together to assist with determining if they are a good match.

- Does the job, specifically the live-in requirement, fit the lifestyle of the potential companion?
- Do they meet the qualifications of the position? (work history, character reference, background check, age requirement, etc.)
- On the surface, does their lifestyle appear to be a match with what we know about the individual? (interests, pace of life, likes/dislikes, etc.)

The amount of time needed for shadowing or training with the individual is dependent on the companion and individual. Some areas to remember when training a companion are the needs of the individual, the individual and/or family availability and the availability of the companion.

1. Full legal name of applicant, date of assessment
2. Availability of Supervision:
 - Describe the work schedule of any outside employment
 - Willingness to cooperate with the contracting agency and the TCM entity
3. Experience and Expectations:
 - The motivation for the companion model including but not limited to attitudes towards an individual with developmental disability
 - Document the following:
 - Whether or not the potential companion worked for another provider (in or out of state)
 - Whether or not the potential companion has ever been denied a DMH contract
 - Whether or not the potential companion has been investigated by DMH and the outcome of the investigation
 - Knowledge of developmental disabilities, attitudes and skills
 - Methods of discipline used by applicant if applicable
 - Discuss training and compliance requirements (Include DMH policies and procedures, Agency Policy and Procedures)
 - Attitudes towards family involvement of the potential individual
 - Description of experience with working with individuals with DD, if applicable
 - A description of the type of individual desired by the prospective companion
 - Family Care Safety Registry check with no qualifying offenses
 - How transportation will be provided
 - A minimum of three (3) character references;
4. At least one reference is to be from an extended family member not residing with the prospective companion,

And

If the potential companion has either served previously as a provider for another agency, and/or been employed within the past five (5) years in a job involving the care of individuals with DD, at least one reference must be from the former agency or employer. In addition, documentation must be provided if the companion has been terminated as a provider/agency and any adverse actions taken by DMH or another state entity.

- Proof of vehicle insurance and driver's license (current).

Note: Insurance must be kept current.

- The companion evaluation is to be completed, signed and dated by a designated employee of the agency or professional under contract with the agency and reviewed, signed and dated by the Agency Director
- Documentation of any recommendation regarding approval as a prospective companion, including description of identified training or resources needed
- Notification of Approval. Prospective companion will be notified in writing as to whether or not they have been approved by the agency

APPENDIX C Shared Living – Rate Determination

Department of Mental Health

Division of Developmental Disabilities

Shared Living Rate Determination Form

Consumer Name: _____ **Date:** _____

Please check those areas that apply in each category

Each item identified and checked must be supported in the ISP (Individual Support Plan) and the SIS (Support Intensity Scale) assessment or Vineland

Level I: (less than 24 hour supervision – assist and instruct individuals who require support to maintain a living arrangement)

_____ Can self evacuate in an emergency.

_____ Requires minimal support in daily living skills.

_____ May have unsupervised time in the home and/or community as indicated by their ISP

- Basic SIS/Vineland supplement includes provider responsibility for supports as reflected in the person's ISP and the level of support as indicated in the SIS assessment or Vineland.

Level II: (24 hour supervision – assist, instruct, and supervise individuals who require support in learning a variety of daily living skills and require 24 hour supervision to ensure their safety)

_____ Needs assistance and instruction in daily living skills.

_____ Requires 24 hour supervision to ensure safety.

- Basic SIS/Vineland supplement includes provider responsibility for supports as reflected in the person's ISP and the level of support as indicated in the SIS assessment or Vineland.

Level III: (Assist, instruct, and supervise individuals who, because of severe, multiple and chronic disabilities, require intensive supervision and/or a specially adapted environment and a combination of professional support services for the foreseeable future as indicated in the person's ISP. Individuals who require on-going comprehensive support have significant needs and a combination of needs in the following areas):

Self Care:

_____ Needs full assistance in all of the following areas:

_____ toileting _____ eating _____ dressing _____ hygiene/grooming _____ bathing

Medical:

_____ Has uncontrolled frequent seizures.

_____ Special medical and feeding methods (G-tube, trachs)

_____ Requires long term physician prescribed interventions (MD visits, psychiatric visits, etc.)

Behavioral:

_____ Has chronic mental health issues.

_____ Destructive and/or self injurious behaviors.

_____ Physical aggression

_____ Elopement

- Basic SIS/Vineland supplement includes provider responsibility for supports as reflected in the person's ISP and the level of support as indicated in the SIS assessment or Vineland.

SIS/Vineland Scoring

- SIS or Vineland scoring is used to determine the amount of supplement that individualizes the level of support needed. Please check which level is needed for SIS or Vineland Score assigned to individual:

Select One	Support Needs	SIS Index	SIS Score	Vineland ABC Score	\$ Supplement/Day
	I	38-84	1-3	60-69	0
	II	85-94	3-4	50-59	5
	III	95-104	4-5	40-49	10
	IV	105-117	5-6	30-39	15
	V	118-143	6-7	20-29	20

Signatures

Provider / Date Case Manager / Date

Justification for Relief Hours, Community Specialist, and Professional Assessment and Monitoring services

*****Attach Justification sheet to Shared Living budget using guidelines below.**

Relief hours: Enter the number of hours the team agrees is needed for relief. Keep in mind that it is expected that at least 1 weekend a month of relief is budgeted. When calculating relief calculate at a maximum daily rate of \$220.80 per day for 16 hours or more. If less than 16 hours calculate using an hourly rate of \$13.80.

Community Specialist: Enter the number of hours the team agrees is needed for Community Specialist. Keep in mind you must meet the Definition set forth in the Waiver Manual and Service Definitions for Community Specialist. The justification should included the functions the Community Specialist will complete to support the individual and Shared Living provider on a monthly basis. These hours do not have to be the same amount each month. (Example: An increase in CS hours could occur the month of the Service Plan.)

Professional Assessment and Monitoring: Enter the number of hours the team agrees is needed for nursing. It is expected that 1.25 hours of nursing will be the minimum. Please list any additional functions of the nurse if additional hours are agreed upon by the planning team.

APPENDIX D Companion – Monthly Budget Urban

Individual Name	State ID #	Plan Implementation Date	
		From	To
Address		Budget Authorized Period	
		From	To

<u>Companion Monthly Budget Urban</u>						
		SIS I	SIS II	SIS III	SIS IV	SIS V
Level 1	Base Monthly rate	\$1880	\$1880	\$1880	\$1880	\$1880
	Companion Housing	\$600	\$600	\$600	\$600	\$600
	mileage	\$250	\$250	\$250	\$250	\$250
	Basic SIS supplement	\$0	\$152	\$304	\$456	\$608
	Administration Fee(15% of Monthly rate)	\$409.50	\$432.30	\$455.10	\$477.90	\$500.70
	Total Monthly	\$3139.50	\$3314.30	\$3489.10	\$3663.90	\$3838.70
Level 2	Base Monthly rate	\$2380	\$2380	\$2380	\$2380	\$2380
	Companion housing	\$600	\$600	\$600	\$600	\$600
	Mileage	\$250	\$250	\$250	\$250	\$250
	Basic SIS supplement	\$0	\$152	\$304	\$456	\$608
	Administration Fee(15% of Monthly rate)	\$484.50	\$507.30	\$530.10	\$552.90	\$575.70
	Total Monthly rate	\$3714.50	\$3889.30	\$4064.10	\$4238.90	\$4413.70
Level 3	Base Monthly rate	\$2880	\$2880	\$2880	\$2880	\$2880
	Companion Housing	\$600	\$600	\$600	\$600	\$600
	mileage	\$250	\$250	\$250	\$250	\$250
	Basic SIS supplement	\$0	\$152	\$304	\$456	\$608
	Administration Fee(15% of Monthly rate)	\$559.50	\$582.30	\$604.10	\$627.90	\$650.70
	Total Monthly rate	\$4289.50	\$4464.30	\$4638.10	\$4813.90	\$4988.70

Additional Supports

Level _____ SIS Range _____

Total Monthly rate including administration fee (from chart) \$ _____

Relief Staff: (check one) not to exceed 139 hours per month for Individual with day activity or

269 hours per month for Individual without day activity.

____ Amount for Individuals with day activity is ____ hours/mo X \$ 13.80 an hour; max \$220.80/day: \$ _____

____ Amount for Individual without day activity is ____ hours/mo X \$13.80 an hour; max \$220.80/day: \$ _____

Oversight Fee: \$400 \$ _____ 400.00_

Total Monthly rate: \$ _____

Total Monthly rate: \$ _____ X 12 = _____ / 365 = daily rate: \$ _____

Room and Board Rate: \$ 600(per month) Daily rate \$19.74

	Monthly	daily
Total monthly/daily rate		
Total monthly daily R &B rate		
Total combined rate		

Signatures

Support Coordinator _____ Date _____

Administering Agency Name/Signature _____ Date _____

This rate will be adjusted as needed based on needs of the individual

Regional Office Director/ Director Designee Date _____

APPENDIX E Companion – Monthly Budget Rural

Individual Name	State ID #	Plan Implementation Date	
		From	To
Address		Budget Authorized Period	
		From	To

<u>Companion Monthly Budget Rural</u>						
		SIS I	SIS II	SIS III	SIS IV	SIS V
Level 1	Base Monthly rate	\$1598	\$1598	\$1598	\$1598	\$1598
	Companion Housing	\$510	\$510	\$510	\$510	\$510
	mileage	\$250	\$250	\$250	\$250	\$250
	Basic SIS supplement	\$0	\$152	\$304	\$456	\$608
	Administration Fee(15% of Monthly rate)	\$353.70	\$376.50	\$399.30	\$422.10	\$444.60
	Total Monthly	\$2711.70	\$2886.50	\$3061.30	\$3236.10	\$3410.90
Level 2	Base Monthly rate	\$2023	\$2023	\$2023	\$2023	\$2023
	Companion housing	\$510	\$510	\$510	\$510	\$510
	Mileage	\$250	\$250	\$250	\$250	\$250
	Basic SIS supplement	\$0	\$152	\$304	\$456	\$608
	Administration Fee(15% of Monthly rate)	\$417.45	\$440.25	\$463.05	\$485.85	\$508.65
	Total Monthly rate	\$3200.45	\$3375.25	\$3550.05	\$3724.85	\$3899.65
Level 3		\$	\$	\$	\$	\$
	Base Monthly rate	\$2448	\$2448	\$2448	\$2448	\$2448
	Companion Housing	\$510	\$510	\$510	\$510	\$510
	mileage	\$250	\$250	\$250	\$250	\$250
	Basic SIS supplement	\$0	\$152	\$304	\$456	\$608
	Administration Fee(15% of Monthly rate)	\$481.20	\$504.00	\$526.80	\$549.60	\$572.40
	Total Monthly rate	\$3689.20	\$3864.00	\$4038.80	\$4213.60	\$4388.40

Additional Supports

Level _____ SIS Range _____

Total Monthly rate including administration fee (from chart) \$ _____

Relief Staff: (check one) not to exceed 139 hours per month for Individual with day activity or

269 hours per month for Individual without day activity.

____ Amount for Individuals with day activity is ____ hours/mo X \$ 13.80 an hour; max \$220.80/day: \$ _____

____ Amount for Individual without day activity is ____ hours/mo X \$13.80 an hour; max \$220.80/day: \$ _____

Oversight Fee: \$400 \$ _____ 400.00_

Total Monthly rate: \$ _____

Total Monthly rate: \$ _____ X 12 = _____ / 365 = daily rate: \$ _____

Room and Board Rate: \$510 (per month) Daily rate \$16.78

	Monthly	Daily
Total monthly/daily rate		
Total monthly daily R &B rate		
Total combined rate		

Signatures

Support Coordinator _____ Date _____

Administering Agency Name/Signature _____ Date _____

Regional Office Director/ Director Designee _____ Date _____

This rate will be adjusted as needed based on the needs of the individual.

APPENDIX F Host Home – Monthly Budget Urban

Individual Name	State ID #	Plan Implementation Date From _____ To _____
Address		Budget Authorized Period From _____ To _____

<u>Host Home Monthly Budget Urban</u>						
		SIS I	SIS II	SIS III	SIS IV	SIS V
Level 1	Base Monthly rate	\$2432.00	\$2432.00	\$2432.00	\$2432.00	\$2432.00
	Basic SIS supplement	\$0	\$152	\$304	\$456	\$608
	Total Monthly rate	\$2432.00	\$2584	\$2736	\$2888	\$3040
	Administration Fee(15% of Monthly rate)	\$364.80	\$387.60	\$410.40	\$433.20	\$456
	Total Monthly rate w/admin fee	\$2796.80	\$2971.60	\$3146.40	\$3321.20	\$3496
		SIS I	SIS II	SIS III	SIS IV	SIS V
Level 2	Base Monthly rate	\$3040	\$3040	\$3040	\$3040	\$3040
	Basic SIS supplement	\$0	\$152	\$304	\$456	\$608
	Total Monthly rate	\$3040	\$3192	\$3344	\$3496	\$3648
	Administration Fee(15% of Monthly rate)	\$456	\$478.80	\$501.60	\$524.40	\$547.20
	Total Monthly rate w/admin fee	\$3496	\$3670.80	\$3845.60	\$4020.40	\$4195.20
		SIS I	SIS II	SIS III	SIS IV	SIS V
Level 3	Base Monthly rate	\$3648	\$3648	\$3648	\$3648	\$3648
	Basic SIS supplement	\$0	\$152	\$304	\$456	\$608
	Total Monthly rate	\$3648	\$3800	\$3952	\$4104	\$4256
	Administration Fee(15% of Monthly rate)	\$547.20	\$570	\$592.80	\$615.60	\$638.40
	Total Monthly rate w/admin fee	\$4195.20	\$4370	\$4544.80	\$4719.60	\$4894.40

Additional Supports

Level _____ SIS Range _____

Total Monthly rate including administration fee (from chart) \$ _____

Relief Staff: (check one) not to exceed 139 hours per month for Individual with day activity or

269 hours per month for Individual without day activity.

____ Amount for Individuals with day activity is ____ hours/mo X \$ 13.80 an hour; max \$220.80/day: \$ _____

____ Amount for Individual without day activity is ____ hours/mo X \$13.80 an hour; max \$220.80/day: \$ _____

Oversight Fee: \$400

Total Monthly rate: \$400.00_

Total Monthly rate: \$_____ X 12 = _____ / 365 = daily rate: \$_____

Room and Board Rate: \$ 517.50(per month) Daily rate \$17.02

	Monthly	Daily
Total monthly/daily rate		
Total monthly daily R &B rate		
Total combined rate		

Signatures

Support Coordinator _____ Date _____

Administering Agency Name/Signature _____ Date _____

This rate will be adjusted as needed based on the needs of the individual.

Regional Office Director/ Director Designee _____ Date _____

APPENDIX G Host Home – Monthly Budget Rural

Individual Name	State ID #	Plan Implementation Date From _____ To _____
Address		Budget Authorized Period From _____ To _____

<u>Host Home Monthly Budget Rural</u>						
		SIS I	SIS II	SIS III	SIS IV	SIS V
Level 1	Rural Base Monthly rate	\$2067.20	\$2067.20	\$2067.20	\$2067.20	\$2067.20
	Basic SIS supplement	\$0	\$152	\$304	\$456	\$608
	Total Monthly rate	\$2067.20	\$2219.20	\$2371.20	\$2523.20	\$2675.20
	Administration Fee(15% of Monthly rate)	\$310.08	\$332.88	\$355.68	\$378.48	\$401.28
	Total Monthly rate w/admin fee	\$2377.28	\$2552.08	\$2726.88	\$2901.68	\$3076.48
		SIS I	SIS II	SIS III	SIS IV	SIS V
Level 2	Rural Base Monthly rate	\$2584	\$2584	\$2584	\$2584	\$2584
	Basic SIS supplement	\$0	\$152	\$304	\$456	\$608
	Total Monthly rate	\$2584	\$2736	\$2888	\$3040	\$3192
	Administration Fee(15% of Monthly rate)	\$387.60	\$410.40	\$433.20	\$456	\$478.80
	Total Monthly rate w/admin fee	\$2971.60	\$3146.40	\$3321.20	\$3496	\$3670.80
		SIS I	SIS II	SIS III	SIS IV	SIS V
Level 3	Rural Base Monthly rate	\$3100.80	\$3100.80	\$3100.80	\$3100.80	\$3100.80
	Basic SIS supplement	\$0	\$152	\$304	\$456	\$608
	Total Monthly rate	\$3100.80	\$3252.80	\$3404.80	\$3556.80	\$3708.80
	Administration Fee(15% of Monthly rate)	\$465.12	\$487.92	\$510.72	\$533.52	\$556.32
	Total Monthly rate w/admin fee	\$3565.92	\$3740.72	\$3915.52	\$4090.32	\$4265.12

Additional Supports

Level _____ SIS Range _____

Total Monthly rate including administration fee (from chart) \$ _____

Relief Staff: (check one) not to exceed 139 hours per month for Individual with day activity or 269 hours per month for Individual without day activity.

____ Amount for Individuals with day activity is _____ hours/mo X \$ 13.80 an hour; max \$220.80/day: \$ _____

____ Amount for Individual without day activity is _____ hours/mo X \$13.80 an hour; max \$220.80/day: \$ _____

Oversight Fee: \$400

Total Monthly rate: \$400.00_

Total Monthly rate: \$_____ X 12 = _____ / 365 = daily rate: \$_____

Room and Board Rate: \$ 450 (per month) Daily rate \$14.80

	Monthly	Daily
Total monthly/daily rate		
Total monthly daily R &B rate		
Total combined rate		

Signatures

Support Coordinator _____ Date _____

Administering Agency Name/Signature _____ Date _____

This rate will be adjusted as needed based on the needs of the individual.

Regional Office Director/ Director Designee _____ Date _____

APPENDIX H Shared Living Agreement Sample Form



State of Missouri

Department of Mental Health (DMH)

Shared Living Agreement

Shared Living Host Home Provider/Companion Name: _____

Shared Living Host Home Provider/Companion Home Address: _____

Administering Agency Name: _____

The following individual is placed under the auspices of my DMH Shared Living Agreement:

NAME: _____ DMH ID NUMBER: _____

Level of Supervision Required. _____

Terms of Agreement

I, _____ of the address listed above, hereby agree to adhere to the following in regard to the above individual and all individuals placed into my home by the Department of Mental Health (DMH), Division of Developmental Disabilities, under the auspices of my Shared Living agreement:

- I agree to at all times provide the supervision, companionship; assistance and level of supervision required by the individual(s) (refer to attachment A).
- I understand that I will be required to continuously demonstrate the required skills and competencies/trainings to provide quality supervision, companionship, assistance, and level of supervision required by the individual(s). The following trainings are mandatory and must be successfully completed prior to service delivery:
 - First Aid and CPR
 - Abuse and Neglect
 - Medication Administration (if applicable)
 - Person Centered Strategies
 - Emergency Intervention
 - Training on the current Individual Support Plan
 - Confidentiality
 - Agency policies and procedures
 - Emergency Intervention, if indicated in the Individual Support Plan
 - Person Centered Planning
- I agree that at all times I will adhere to the DMH certification requirements regulations and understand that my failure to do so may lead to a plan of correction and or subject to termination of my Shared Living Agreement.
- I agree to complete the Administering agency's approved training program for Shared Living, or show that have received comparable training. This includes initial and on-going training as well as any training required by department policy, administering agency, and individual's planning team or any other entity authorized by DMH.
- I agree to be an active participant in the development and implementation of the person's Individual Support Plan (ISP) and periodic review meetings and to implement all applicable components of the Individual Support Plan that are identified as my responsibility.
- I agree to document and maintain all required records, reports and all documentation (financial, medical, data collection or others as required) regarding the individual and I will protect these documents in accordance with DMH and provider agency requirements and department policy, and will return these records upon discharge or death of the individual or upon the request of DMH.
- I agree to at all times maintain a healthy and safe living environment in my home, including maintaining land-line phone service in my Shared Living home to allow access to 911 emergency services at all times.
- I agree to facilitate the development of and foster the continuation of relationships between the individual and his or her family members, friends, and other significant persons.
- I agree at all times to respect the civil, legal, and human rights of the individual(s) and to support the person to exercise those rights and that the individual(s) will be treated with respect and dignity and kept free from abuse, neglect, and mistreatment.
- I agree to respect the confidentiality of individuals and will adhere to all DMH HIPAA regulations as they relate to sharing of any information whether verbally, written, electronic or in photographic formats.
- I agree to notify Targeted Case Management and my administering agency regarding overnight absences, emergency situations, suspected incidents of abuse or neglect, and the death of an individual and other serious occurrences as required by DMH Regulations and all applicable department and agency policies and procedures.

- I agree that I will promptly notify Targeted Case Management and administering agency of significant, pending or presently occurring life changes in areas such as health (self or occupants), marital status, and disruptions in my home or of other household compositional changes that could impact the individual(s).
- I agree that I will provide the administering agency with a “Certificate of Good Health” when one is requested in response to actual or perceived changes in my health condition.
- I agree that I will promptly notify Targeted Case Management and administering agency, in a manner prescribed by them, as soon as practicable, should an emergency relocation from my home be required for any reason.
- I agree to protect the financial interests and rights of the individual(s) and to ensure the person receives their monthly personal allowance and any wages if applicable.
- I agree to keep documentation of monthly living expenses.
 - I agree to keep documentation of personal spending and wages. I agree to obtain Regional Office approval for any and all purchase over \$100.
 - I agree to accept the agreed-upon payment amount as documented on the payment authorization form as full and complete payment and to refund or offset costs with any over-payments at the discretion of DMH.
- I agree and understand that the residential service rate and support intensity scale (SIS) payments I receive from DMH are for the express purpose of supporting the services and/or expenses either provided by or arranged by me to the individual residing in my home. These are services or expenses as outlined in DMH service definition that are associated with the care and treatment of the individual while in my home, in the community or on respite.

I understand that being a Shared Living home is not considered employment by DMH or the administering agency. Payments received to me by DMH are not taxable as income.

OR

I understand that being a Shared Living home is considered employment by the Administering agency. Payments received to me by DMH are taxable as income.

- I agree that I will complete daily and monthly progress notes to accurately reflect the individuals’ level of support provided as outlined in the ISP and level of supervisory oversight.
- I understand that DMH has no obligation to place an individual into a Host Home and that I have no obligation to accept the placement of an individual into my Shared Living. DMH makes no guarantee of placing individuals and is not responsible for provider income. (Host Home only)
- I agree to allow authorized DMH and administering agency personnel reasonable access to the home and to the individual(s).
- I agree that DMH has the authority to make decisions regarding the protection and welfare of individual(s). I understand DMH may remove any or all individuals, at any time if deemed necessary from my home (host home) or my care and evict me from the individual’s home (companion home).
- I agree that admission or discharge of an individual to/from my Shared living home will only occur in cooperation with and the consent of DMH and provider agency.
- I agree that I will provide a minimum notice period of not less than 30 days to DMH and administering agency should I desire to have an individual discharged from my host home or I choose to discontinue companion support to an individual. I understand that the DMH may waive this notice period if warranted by health and safety considerations.

The Administering Agency agrees to the following:

- Adhere to DMH contract requirements.
- Provide all required training to host home provider/companion prior to service delivery.
- Provide to DMH upon request documentation that the host home provider/companion successfully completed all required training.
- Ensure that all ongoing training requirements occur as needed.
- Provide nursing oversight as applicable (i.e., review of physician's orders, recommendations and Medication Management system).
- Provide medical consultation to Shared living home as applicable.
- Monitor the Shared living home to ensure the following are consistently being implemented:
 - Individual Support Plan is being implemented as written (ISP)
 - Regular documentation as required is completed.
 - Individual's rights are respected.
 - Personal spending, individual's income and household expenses are documented.
 - All Community Event Report's are reported per DMH Directive and 9CSR10-5.200.
- Ensure all Shared Living Homes meet certification requirements.

Effective Date: _____

Signed: _____

Shared Living Provider Home

Date

Signed: _____

Administering Agency

Date